



# TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156 MC-230, Austin TX 78753

[www.txls.texas.gov](http://www.txls.texas.gov)

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Trans. # (SIT)
Entity #
Receipt #

## Application to Take the Surveyor in Training Examination

### Instructions for Filing Application

- Read all Board Rules and the Candidate Guideline before completing the application.
- All information requested on this form must be clearly typewritten or lettered in black ink. All questions must be answered. Failure to complete any portion of the application form will disqualify your application from Board review.
- The application should be prepared in duplicate. The original must be submitted to the Board office, and you should retain the duplicate.
- An application fee made payable to the Board of **one hundred twenty-eight dollars and sixty-nine cents (\$128.69)** must accompany the application, as a cashier's check or money order. This fee is a one-time payment, separate from your exam fee, and is non-refundable. **No personal checks will be accepted.**

### 1. General Information

Date \_\_\_\_\_

1. Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

3. Address:

Residence Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

4. Business Firm Name \_\_\_\_\_

Firm Number \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Telephone Numbers

Residence (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

7. Resident of Texas ☐ Yes ☐ No If No, where? \_\_\_\_\_

Are you a US Citizen ☐ Yes ☐ No If no, give INS Status \_\_\_\_\_ Card # \_\_\_\_\_

8. Have you ever applied for a licensure as a Surveyor In Training? If so, when and with what result:

\_\_\_\_\_

9. Which Sub Section of 1071 of the Professional Land Surveying Practices Act are you applying under?

☐ 253 (1) ☐ 253 (2) ☐ 253 (3) ☐ 253 (4) ☐ 253 (5)

Attach a recent,  
passport-type  
photograph in this  
box. Trim  
photograph to fill the  
space.

Use ballpoint pen to  
sign and date  
photograph.

## 2. Registration Other Than Under This Act

Are you registered as a Surveyor in Other States? \_\_\_\_\_ If yes, complete the information below:

State \_\_\_\_\_ By exam \_\_\_\_\_ Hours of Exam \_\_\_\_\_ Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Expiration \_\_\_\_\_

State \_\_\_\_\_ By exam \_\_\_\_\_ Hours of Exam \_\_\_\_\_ Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Expiration \_\_\_\_\_

State \_\_\_\_\_ By exam \_\_\_\_\_ Hours of Exam \_\_\_\_\_ Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Expiration \_\_\_\_\_

Are you Registered/Licensed in any other profession? \_\_\_\_\_ If yes, complete the information below:

Profession \_\_\_\_\_ State \_\_\_\_\_ Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Expiration \_\_\_\_\_

Has any Registration/License been revoked or received disciplinary action? \_\_\_\_\_

If yes, you must explain the complete situation on a separate sheet of paper and attach it to this application.

## 3. Professional Surveying Experience

(Applicant should be careful to rate qualifications for certification or registration under the provisions of the Professional Land Surveying Practices Act)

**Sub-Professional Work** includes, but is not limited to, the time spent as chain man, rod man, instrument man, statistician, recorder, draftsman, or similar work; and also the time spent on work where the personal responsibility and technical knowledge required are minimal, for example, minor positions in which the task is set and supervised by a superior (see column 2 below).

**Delegated Responsible Charge of Work** means the direct control of professional land surveying work performed under the supervision of a Registered Professional Land Surveyor (see column 3 below).

- (a) In the field, the applicant must have had the direction of work, the successful accomplishment of which rested upon the applicant, where decision questions involve the method of execution without relying upon advice or instructions from supervisors.
- (b) In the office, the applicant must have had to undertake tasks demanding resourcefulness, originality, initiative, professional skill and independent judgment, such as:
  - (1) Conducting record research
  - (2) Analyzing survey data and preparing metes and bounds descriptions
  - (3) Computations and drafting using only rough sketches, general information, and field measurements for reference and guidance.

Separate your time by percentage of **SUB-PROFESSIONAL** experience and **DELEGATED RESPONSIBLE CHARGE TME** served under each employment. The Professional Land Surveying Practice Act does not govern any aspect of engineering and no credit will be given to any time spent in Engineering.

**APPLICANT SHOULD COMPLETE ALL COLUMNS, INFORMATION IN COLUMNS 1 THRU 3 MUST BE STATED IN YEARS PLUS MONTHS (Example: 2 yrs. 8 mos.)**

**Employment and Experience Information.** (Numbered answers **must** correspond to numbered questions.)

(If time breaks occurs between surveying employment; indicate general nature of occupation)

- 1. Name of Employer
- 2. Employer's Address
- 3. Title(s) of your position(s) and date(s) each title is obtained
- 4. Name and present address of Registered Professional Land Surveyor with the most personal knowledge of your delegated responsible charge time, or surveying experience, during this employment.
- 5. Character of work performed by you and extent of your responsibility **EXPERIENCE AND RESPONSIBILITY MUST BE SHOWN IN DETAIL.**
- 6. Percentage of delegated responsible charge time in non-professional land surveying activities
- 7. Percentage of delegated responsible charge time in professional land surveying

You are welcome to submit as many of the following pages as you need to list your complete work history.

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ _____ 6. _____ _____ 7. _____ _____ _____			

Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ 5. _____ _____ _____ _____ _____ 6. _____ _____ 7. _____ _____ _____			

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		1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____ 5. _____ _____ _____ _____ 6. _____ _____ 7. _____ _____ _____			
Date		Numbered Answers must correspond to Questions above Any Additional information should be made by attachments	Time (Years and Months)		
From Month Day Year	To Month Day Year		(1) Total Time (Actual) Yrs. Mos.	(2) In Sub- Professional Work (Actual) Yrs. Mos.	(3) In Responsible Charge Work (Actual) Yrs. Mos.
		1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____ 5. _____ _____ _____ _____ 6. _____ _____ 7. _____ _____ _____			

#### 4. References of Character and Qualifications

In addition to the Registered Professional Land Surveyors you have listed in answer to Question 4 in Section 3 of this application (the RPLS that have completed Reference Waivers on your behalf), list below any Registered Professional Land Surveyors you wish to use as additional references.

Name	Address	Business Relationship To Applicant	Has Known Applicant Since
1. _____			
2. _____			
3. _____			

#### 5. Education

(Certified Transcripts of College Courses Must Be Filed With Application)

Name and Location of Institution	Years From-To	Date Graduated	Field of Study	Type of Degree
High School				
College or University				
Correspondence Courses and/or Seminars (Applicants applying under Section 253 (5) Must show self-education in this space.				

## 6. Application Check List

The following check list includes all required aspects of the application process. Please check off items as they are completed/collected before submitting your application to the office.

- ☐ I have read the Candidate Guidelines and familiarized myself with the Act and Rules.
- ☐ I have completed the education and/or experience required by the section of the Act under which I am applying.
- ☐ All sections of my application are complete and my signature is included on the last page.
- ☐ My "passport-type" photo is signed and attached to the front page of my application.
- ☐ I have submitted three (3) Reference Waivers completed by the three RPLS that know my work experience best.
- ☐ My Character, Reputation, and Fitness Form has been completed and submitted.
- ☐ I have submitted my official transcripts (when applicable) that support the completion of the course work that I want the Board to consider.
- ☐ I have completed and submitted the Course Check List (when applicable).
- ☐ A cashier's check, or money order, for the amount of \$128.69 is included with this application.

### **PLEASE NOTE THE FOLLOWING:**

Submitting this application will authorize the Board to check your criminal background through the Department of Public Safety.

You will be required to pay an exam fee to NCEES if your application is approved by the Board and you choose to take the exam. Only through NCEES can an exam slot be selected.

All required materials must be submitted to the Board office before the Board will review an application. If all necessary materials are not supplied to the Board in one (1) year after initial submission, the application will be closed and the applicant will be required to reapply (re-paying the application fee). Once your application is approved by the Board you will not need to reapply to take the exam another time. In that occasion you will submit to the Board a Request for Approval Form. The Board accepts and reviews applications year round.

## 7. Certification

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief.

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**Signature**

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**Date**

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**Printed Name**